Reset Form	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20)210166		eport i Mark)	Filed B X)	У	Candida	ate		Commit	tee		X	Lobbyist	
Name of Filing Comm Lobbyist	nittee, Car	ndidate or	Fr	iends F	For Jas	or Jason Monn					_				
Street Address			12	.715 O	rmsbe	ə Rd									
City	Corry						State	PA		Zip Code	e	16407			
Type of Report (Place	e x under r	eport type)													
1-6 th Tuesday 2- 2	[- 1				Friday	l _a .a	ay Post	7- Annu	ıal	Special 2 ⁿ		Special 30 D	•
Pre-Primary Pre-	-Primary	Primary	Pr	e- Elec	tion	Pre- E	ection	Electio	n 			Pre-Election	บก 	Post-Election	<i></i>
									<u> </u>						
Date Of Election (MM/DD/YYYY)		05/17/2022	1	ear		20	021	Amend Report				Terminati Report	on		
Summary of Receipts	s and	From Date		Т	o Date	:					For	Office Use (Only		
Expenditures		1/01/202	 1	† -	12	/31/202	<u> </u>	1							
A. Amount Brought I	Forward F			\$		393.03		1		<u> </u>	-		·		
B. Total Monetary Co	ontributio	ns and Receip	its	\$	7	7990.00		1							
(From Schedule I) C. Total Funds Availa	ıhle			\$				1						(7 · 5	
(Sum of Lines A and	В)				8	383.03	}	1					[255] g-v	Ş	
D. Total Expenditure	es .			\$	4	4343.68	}						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(From Schedule III) E. Ending Cash Balan	ıce			\$		1000.0								N	
(Subtract Line D from	n Line C)	ma De- 1				4039.35		-					$\begin{array}{c} 0 & -\frac{1}{2} \frac{\partial g}{\partial x} \\ -\frac{1}{2} \frac{\partial g}{\partial x} - \frac{1}{2} \frac{\partial g}{\partial x} \frac{\partial g}{\partial x} \\ -\frac{1}{2} \frac{\partial g}{\partial x} - \frac{1}{2} \frac{\partial g}{\partial x} \frac{\partial g}{\partial x} \end{array}$	mayan	
F. Value of In-Kind Co (From Schedule II)	ontributio.	ns keceived		\$		0.00		1					100 mg 100 mg	The state of the s	
G. Unpaid Debts and	l Obligatio	ns		\$		0,00		1					Aller Communications of the second se	STRATECTS # # # ETT T	
(From Schedule IV)							fidavit S	ection					· ;	2 1 4 2 1 2 1 4 2 1	
Part 1- If this is a Comm	nittee repor	t, treasurer sign	here.	, If this	is a Car	ndidate	report, o	andidate s	ign here.	dge and k-1	lief+	TID CAPPA-1 -	nd com-1	ate.	
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MINDI		nme wealth of	Penn	ısylvan	ia No	tary Se	al –	Sav	Signature	of Person S BUra	Subn	nitting report	,		
Signa		Amanda S	itine,	Notary ounty	y Fubli	ic	-	<u> ~₩′</u>	<u>-111</u>	Printed	Nam	ne			
My Commission expires	Mv	commission	expire	es Feb	ruary 1	11, 202	3	814			90	14-20	<u>89</u> 3		
,	140	Commissi mber, Pennsyl	ania /	rnper Associa	ation of	Notarie		Area Code	. –	_	Day	ytime Teleph	one Numb	er	
Part II- If this is a report	t of a Candio	date's Authoriz	ed Co	mmitte	e, cand	lidate sh	all sign	nere.			_				
I swear (or affirm) that amended.	to the best	of my knowled	ge and	belief	this po	litical co	mmitte	e has not v	iolated ar	ny provision	is of i	the Act of Jur	ne 3, 1937	(P.L. 1333, NO.	320) as
Sworn to and subscribe	ed before me	e this							/1/	· 1.	/				
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Signa	at ire	wealth of Pen	nsylva	ania - N	lotary 5	Seal	-		<u> </u>	Printed Na	ame				
My Commission expires	"	Erie C	ounty	inty				814	/		9	164-0	126	7	
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		, Pennsylvania				ries									

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	r
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20210166

Total for the reporting period (1)	\$	490.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.0
All Other Contributions (Part B)	\$	500-00
Total for the reporting period (2)	\$	500.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.0
\ll Other Contributions (Part D)	\$	7000.00
Total for the reporting period (3)	\$	7000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	<u>'</u>	
Total for the reporting period (4)	\$	0.0
Total for the reporting period (4)	\$	0.0

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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and the contract of the contra	<u> </u>				

Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
Erik & Char R	yudio	04.15.2021	[00.00
House # Street Address / 11 0		Date [MM/DD/YYYY]	\$
13599 Street Address Lovell Rd.			. 1 11.
City	Zip Code	Date [MM/DD/YYYY]	\$ · · · · · · · · · · · · · · · · · · ·
Corry State PA	16407		.
Full Name of Contributor	M	Date [MM/DD/YYYY]	\$
Shirley J. Reid	4	04.15.2021	(00.00
House # Street Address			s
7 East st	•		
City State	Zip Code	Date [MM/DD/YYYY]	\$
Columbus PA	16405		
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Robert P. Slike	e	1505-61-40	00-00
House # Street Address			\$
921 Street Address Picidilli H	ill Rd.	: .: .:	
City State	Zip Code	Date [MM/DD/YYYY]	\$
Corry	16407		
Full Name of Contributor		Date [MM/DD/YYYY]	š i
Chris O. Tay	lor	1505.21.40	(00.00
House # 13697 Street Address Maple Gra	20 81	Date [MM/DD/YYYY]	\$
l l l l l l l l l l l l l l l l l l l			
City Union City State PA	Zip Code 1643	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Mark A. Sch	aefec	04.16.2021	(00.00
I Campa Adding 1			\$
House # 3401 Street Address Draketow	Rd.	Date [MM/DD/YYYY]	7
City State OA	Zip Code	Date [MM/DD/YYYY]	\$
Edinboro PA	16412		
Full Name of Contributor		Date [MM/DD/YYYY]	\$
House # Street Address		Date [MM/DD/YYYY]	\$
City State 7	Zip Code	Date [MM/DD/YYYY]	s l
State	mp work	Sec Immi polititi	· .

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

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	60 (101 66		:	**		
	7 7					

Full Name of Contributor		Date [MM/DD/YYYY]	\$
Naw Mi	ck	04.16.2021	Sooto
House # Street Address		Date [MM/DD/YYYY]	\$
	nith st. Ext	10.23.2021	500.00
City Corry State	PA Zip Code 16407	Date [MM/DD/YYYY]	\$
Employer Name Ret	red	Occupation NA	
Employer Mailing Address /			
Principal Place of Business MA			
Full Name of Contributor Brad All	len	Date [MM/DD/YYYY]	500.00
		(0.25.2021	
	Vain 5t.	Date [MM/DD/YYYY]	\$
City State	A Zip Code	Date [MM/DD/YYYY]	\$
Corry	PA 16407	-	1:1
	acher Insurance	Occupation Tulur	wa Agent
- 1	Center St. Comy PA	·	
Principal Place of Business			
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Full Name of Contributor David B.		08-11-2021	500.∞
Full Name of Contributor David B. House # Street Address			1 1
Full Name of Contributor David B. House # 5 Street Address E. Woo	knapp odlaud Dr.	O8 · II · ZOZI Date [MM/DD/YYYY]	500.∞ \$
Full Name of Contributor David B. House # 5 Street Address E. Woo City Corry State	Knapp	08-11-2021	500.œ
Full Name of Contributor David B. House # 5 Street Address E. Woo City Corry Employer Name David	knapp odland Dr. PA Zip Code 16407	O8 · II · ZOZI Date [MM/DD/YYYY]	\$ 500.00
Full Name of Contributor Full Name of Contributor Full Name of Contributor Street Address F. Woo City Corry Employer Name David Fmployer Mailing Address /	knapp odland Dr.	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (Ar S	\$ 500.00
Full Name of Contributor House # 5 Street Address E. Woo City Corry State Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor	knapp odland Dr. PA Zip code 16407 Corry Chrysler US 6 Corry PA	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (Ar S	\$ 500.00
Full Name of Contributor House # 5 Street Address E. Woo City Corry Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Taret	knapp odland Dr. PA Zip code 16407 Corry Chrysler US 6 Corry PA	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (ar s) [6407 Date [MM/DD/YYYY] O6 · 28. 2021	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor House # 5 Street Address E. Woo City Corry State Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Javet House # Street Address	knapp odland Dr. PA Zip Code 16407 Corry Chrysler US 6 Corry PA Monn	O8 · 11. ZOZ1 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (AT S) [6407 Date [MM/DD/YYYY]	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor House # 5 Street Address E. Woo City Corry Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Tavet House # 12715 Street Address Omsbee	knapp odland Dr. PA Zip code 16407 Corry Chrysler us 6 Corry PA Monn e Rd.	08 · 11 · 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (ar 5) [6407 Date [MM/DD/YYYY] 06 · 28 · 2021 Date [MM/DD/YYYY] 07 · 19 · 2021	\$ 2500.00 \$ 2500.00
Full Name of Contributor House # 5 Street Address E. Woo City Corry Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Tavet House # 12715 Street Address City Corry State State State	knapp odland Dr. PA Zip Code 16407 Corry Chrysler US 6 Corry PA Monn	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (Ar S) [6407 Date [MM/DD/YYYY] O6 · 28. 2021 Date [MM/DD/YYYY]	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor House # 5 Street Address E. Wood City Corry State Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Taret House # 12715 Street Address City Corry State	Knapp odland Dr. PA Zip Code 16407 Corry Chrysler US 6 Corry PA Monn e Rd. PA Zip Code 16407	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (ar) [6407 Date [MM/DD/YYYY] O6 · 28. 2021 Date [MM/DD/YYYY] O7 · 19 · 2021 Date [MM/DD/YYYY]	\$ 500.00 \$ \$ 2500.00 \$ 2500.00
Full Name of Contributor House # 5 Street Address E. Wood City Corry State Employer Name David Employer Mailing Address / Principal Place of Business Full Name of Contributor Taret House # 12715 Street Address City Corry State Employer Name Cossbace Employer Name Cossbace	knapp odland Dr. PA Zip code 16407 Corry Chrysler us 6 Corry PA Monn e Rd.	O8 · 11. 2021 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation (ar S) (by 07 Date [MM/DD/YYYY] O6 · 28. 2021 Date [MM/DD/YYYY] O7 · 19 · 2021 Date [MM/DD/YYYY] Occupation Indicates	\$ 2500.00 \$ 2500.00

SCHEDULE III Statement of Expenditures

Filer Identification Number:		 **		
70/10166		 		
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To Whom Paid						Date [MM/DD/YYYY] \$:
TO WHOM I AIM	Eric G	atei			1.11 1	04. 22. 2021	348.00
House # 3 a a					· · · · · · · · · · · · · · · · · · ·	Description of Expenditure	<u> </u>
LL2	otreet Address	(qud	lon Rel	•			
city Con	-4	State	PA	Zip Code	16407	web site	
To Whom Paid		1	h /		,	Date [MM/DD/YYYY] \$	
araba a lagra a la seguina.	Great Lo	ikes	04 (D	17		05. 17. 2021	SI2-18
House # 114			Enter (Description of Expenditure	
city (orr	4	State	PA	Zip Code	16407	Printing	
To Whom Paid	Q II. A	1	. 0	,	:	Date [MM/DD/YYYY] \$	06.
	Rally A	+ 71	he 160c	K		1505 -01 -90	250.∞
House #	Street Address P	0 B0)	x 594			Description of Expenditure	
city Wy	sox	State	PA	Zip Code	18854	Sponsorship	
To Whom Paid	C-11	. ,	- 1 (Date [MM/DD/YYYY] \$	2025
	Great L	ikes	04 (a	የርላ		06.29-2021	2325.00
House #	Street Address	V. (enter o	ት.′		Description of Expenditure	
city Cor	14	State	PA	Zip Code	16407	Printing Shirt	: . · · · · · · · · · · · · · · · · · ·
To Whom Paid	Quaker 1	Jalle	y GOP	(om	nittee	Date [MM/DD/YYYY] \$	250.00
House # 412	Street Address S	فسنحا	cley He	ights.	Dr.	Description of Expenditure	
City Sec	wickley	State	PA	Zip Code	15143	Spoworship	
To Whom Paid	6-11	1.			: :	Date [MM/DD/YYYY] \$	1111 -
	Great La	rice)	04 Cor	74		07.19.2021	664.00
House #	Street Address	J. (e	to when	Γ-		Description of Expenditure	
City Corru	1	State	PA	Zip Code	16407	Printing	
To Whom Paid	6-011	<i>L</i> .	1 (Date [MM/DD/YYYY] \$	105 %
	Great La	(CE) (04 Cor	47		1505-70-20	105.60
House # (14	Street Address		entr J	ή·		Description of Expenditure	
city Corr	М	State	PA	Zip Code	16407	Maguets	
To Whom Paid	(Moior)	משלים	Republ	ian (omittee	Date [MM/DD/YYYY] \$	20.00
House #			x 288			Description of Expenditure	
City /	_	State		Zip	12022	Spoworship	
Lewis	burg		PA	Code	17837	مرابعه معصور	

SCHEDULE III Statement of Expenditures

Filer Identification Number:			
	10210166	 *	
	0-01-00	 	

To Wh	om Paid	HL C.	A /	2	. 1-		Date [MM/DD/YYYY]	\$ 1.1.1
٠.		Elk Cou	244 1	applica	(h		10.17.2021	60.00
House	# 110	Street Address	web	ler Rd	<u>'</u>		Description of Expenditu	re
City	1 1	Jarys	State	PA	Zip Code	15857	Spoworship	
To Wh	om Paid	Anedo	t 1	ΓυC.		-	Date [MM/DD/YYYY]	49.90
House	# 1340	Street Address	Poydr	as St.	Suite	1770	Description of Expenditur	·e
City	New	Orleans	State	LA	Zip Code	70112	Processing of	les
To Wh	om Paid	Anedot	In	C.		·	Date [MM/DD/YYYY] US-31- 2021	4.90
House	# 1340	Street Address /	oydr	as of.		L 1770	Description of Expenditur	'e
City	New	Orless	State	LA	Zip Code	70112	Processing fee	ប
· 	om Paid	Avedot	In	ς.	:		Date [MM/DD/YYYY] :	2.30
	# 1340	Street Address	oydro	as St.	Suite	- 1770	Description of Expenditur	e
City	New	Orleans	State	LA	Zip Code	70112	frowword d	les
11.1	om Paid	Anedot					Date [MM/DD/YYYY] \$	2.30
House		Avedot Street Address			Suite	1770		7.30
11.1	# 1340	•			Suife Zip Code	1770 70112	Description of Expenditur	7.30
House City To Who	# 1340 New	Street Address / Orleans Avedot	oyoro State	LA LA	Zip	i	Description of Expenditur Processing f Date [MM/DD/YYYY] 5	2.30 e ey 46.50
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House in City To Who House in City To Who City City To Who	# 1340 Wew om Paid # 1340 Wew om Paid # om Paid	Street Address Orlaw Street Address Orlaw Street Address	State In Oydro State	ust. S	Zip Code Zip Code	70112	Description of Expenditure Processing for Street Street Date [MM/DD/YYYY] Street Date [MM/DD/	2.30 eej 46.50